

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

10/510116

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1					
2	1		1					
3	2		1					
4	0		1					
5	0		1					
6	0		1					
7	0		1					
8	1		1					
9	0		1					
10	0		1					
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TOTAL IND.	1		1		1			
TOTAL DEP.	14	←	13	←	14	←		
TOTAL CLAIMS	15		14		14			